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B1B Data Sheet

CONFIRMATION NO. 4002

SERIAL NUMBER 09/775,805	FILING DATE 02/05/2001 RULE	CLASS 424	GROUP ART UNIT 1648	ATTORNEY DOCKET NO. 1579-548
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APPLICANTS

Barton F. Haynes, Durham, NC;
Hua-Xin Liao, Chapel Hill, NC;

**** CONTINUING DATA *******

This application is a CIP of 09/497,497 02/04/2000 ABN

**** FOREIGN APPLICATIONS *********IF REQUIRED, FOREIGN FILING LICENSE GRANTED**

** 02/27/2001

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY	SHEETS DRAWING	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	NC	0	8	2

ADDRESS

23117

TITLE

immunogenic composition
Human immunodeficiency virus vaccine

FILING FEE RECEIVED 840	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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Verified and Acknowledged	Examiner's Signature _____ Initials _____				

ADDRESS

23117

TITLE

HUMAN IMMUNODEFICIENCY VIRUS IMMUNOGENIC COMPOSITION

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GRANTED ** 02/27/2001

Foreign Priority claimed	<input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY NC	SHEETS DRAWING	TOTAL CLAIMS 8	INDEPENDENT CLAIMS 2
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature _____ Initials _____				

ADDRESS

NIXON & VANDERHYE P.C.
 1100 North Glebe Road, 8th Floor
 Arlington ,VA 22201

TITLE

Human immunodeficiency virus vaccine

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		<input type="checkbox"/> 1.18 Fees (Issue)
		<input type="checkbox"/> Other _____
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